PTO/SB/06 (07-06)

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U.S. Patent and Trademick Ciffice; U.S. Department, Ciffice; U.S. Department of the Proposed Research Office Research of the Proposed Research of the Proposed Research of the Proposed Research of the Proposed Research Office Research of the Proposed Research Office Researc

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/532,758			ing Date 27/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN
\vdash	FOR	T N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A		N/A			N/A	(4)	١	N/A	1 == (0)
┪	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	N/A		N/A			N/A			N/A	
H	(37 CFR 1.16(k), (i), (ii)				N/A			N/A		ı	N/A	
1	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	N/A		N/A			N/A			N/A	
(37	CFR 1.16(i))		20 minus 20 =		• 0			x \$ =		OR	X \$50 =	0
	EPENDENT CLAIM CFR 1.16(h))		2 minus 3 =		• 0			x \$ =			X \$200 =	0
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawir sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See						
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))			П					
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.										TOTAL	0
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY			
ΤN	07/28/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.18(i))	• 20	Minus	~ 20		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	···3		= 0		x \$ = 1		OR	X \$220=	0
₩.	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
L		(Column 1)		(Column 2	-	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ä	Total (37 CFR 1,16(i))		Minus	**				x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))											
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE" is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.